

APPLICATION FOR EXAMINATION:

MINE SAFETY INSTRUCTOR

MINIMUM APPLICATION REQUIREMENTS:

1. A citizen of West Virginia, in good health, not less than twenty-four (24) years old, of **good character and reputation, and of temperate habits**; and,
2. A person who has practical experience with dangerous gases found in a coal mines; and who has good theoretical and practical knowledge of mines, mining methods, mine ventilation, sound safety practices and applicable mining laws and rules; and
3. A person who possesses a WV foreman/fireboss certification; or a person who has had at least three (3) years of experience as an actual working team member of a mine rescue team, or at least three (3) years of experience as a member of a first aid team or emergency medical technician team; or a person who has had at least three (3) years of experience as the safety director, or the equivalent approved by the MIEB; or a person who has had at least three (3) years of experience as an active member of a mine safety committee.
4. Five (5) years of full-time or part-time practical experience in coal mines, at least two (2) years of which must have been in mines of this state, provided, that graduation from an accredited college of mining engineering may be considered the equivalent of two (2) years practical experience.
5. Must have a valid West Virginia driver's license.

If you meet these minimum requirements, **you must attach official documentation from your employer(s) detailing your years of coal mining experience and the occupation(s) or classification(s) at which you were employed**, beginning with your current employer and position or your most recent employer and position if you are not currently employed in the coal mining industry. Practical experience means the performance of duties requiring a person to be certified prior to actually performing such duties.

Mail the properly completed paperwork and ***notarized*** application to the following address:

**Board of Coal Mine Health & Safety
106 Dee Drive
Charleston, West Virginia 25311
ATTN: Mallory Yates**

APPLICANT INFORMATION

Name: _____ Date: _____

Social Security Number: _____

Valid WV Driver's License Number: _____

Current Address: _____

Current Physical Address (if different from above): _____

Current Telephone Number: () _____

How long have you resided at this address? Years: _____ Months: _____

Previous Address: _____

How long did you reside at this address? Years: _____ Months: _____

Have you been convicted of a felony? ____Yes ____No. If yes, please explain:

EDUCATION

Did you receive a high school diploma or high school equivalency diploma (GED)? ____Yes____No

Mark highest grade completed: __1 __2 __3 __4 __5 __6 __7 __8 __9 __10 __11 __12

Additional Education: All academic training, other than high school or GED, must be verified. Verification of academic training may be in the form of an **official transcript**, copy of **diploma** or **certificate**, or **written statement** from an authorized agency verifying possession of the necessary credentials

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree
	Major	Minor	Sem.	Quar.	Mo/Yr.	Mo/Yr.	
College (Undergraduate)							
College (Graduate)							
Business, Vocational, or Technical School							
Additional Training, (Semesters, Military Trg., Workshops, Etc.)							

Military Service:	Type of Discharge:
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In the space below, list any related licenses and certificates. (Verification copies must be provided.) If you have a **Commercial Driver's License (CDL)**, enter your **License Number**, **CDL License Class**, and **Expiration Date**.

What permissible gas detecting instruments do you have experience in using?

REGIONAL OFFICES

Select a Region in which you will definitely accept employment.				
Mark ALL regions only if you are willing to accept employment in any region and be willing to relocate				
<input type="checkbox"/> Region 1 Westover	<input type="checkbox"/> Region 2 Welch	<input type="checkbox"/> Region 3 Danville	<input type="checkbox"/> Region 4 Oak Hill	
Barbour	Monongalia	McDowell	Boone	Braxton
Berkeley	Morgan	Mercer	Cabell	Clay
Brooke	Ohio	Monroe	Lincoln	Fayette
Calhoun	Pendleton	Summers	Logan	Greenbrier
Doddridge	Pleasants	Wyoming	Mason	Jackson
Gilmer	Preston		Mingo	Kanawha
Grant	Randolph		Putnam	Nicholas
Hampshire	Richie		Wayne	Pocahontas
Hancock	Taylor			Raleigh
Hardy	Tucker			Roane
Harrison	Tyler			Webster
Jefferson	Upshur			
Lewis	Wetzel			
Marion	Wirt			
Marshall	Wood			
Mineral				
Mark only if available in ALL regions		<input type="checkbox"/> AN EQUAL OPPORTUNITY EMPLOYER		

Identification: When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver's license, social security card, credit cards, and passport).

Affirmation: I certify under penalty of law and disqualification that all statements are true and complete. I authorize the WV Office of Miners' Health, Safety and Training to conduct an inquiry into any job-related information contained in this application. I release the WV Office of Miners' Health, Safety and Training from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Signature: _____ **Date:** _____

You must attach official documentation from your employer(s) detailing your years of coal mining experience and the occupation(s) or classification(s) at which you were employed, beginning with

APPLICANT INFORMATION

your current employer and position (or your most recent employer and position if you are not currently employed in the coal mining industry).

Employer Name and Address		Employer Phone Number
Name of Supervisor	Your Title	Employment Dates From: To:
Detailed Description of Your Duties and Responsibilities		

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Employer Name and Address		Employer Phone Number
Name of Supervisor	Your Title	Employment Dates

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		From:	To:

Employer Name and Address		Employer Phone Number	
Name of Supervisor	Your Title	Employment Dates	
		From:	To:

APPLICANT INFORMATION**AFFIDAVIT OF APPLICANT**

I, _____, do hereby affirm that I am a resident of West Virginia. I currently have _____ years and _____ of practical coal mining experience, at least two (2) years of which have been in coal mines in this state;. I affirm that I am in good health and that the statements and information recorded in this application are true and accurate to the best of my knowledge. I agree that if an appointment to the position of mine safety instructor is offered and accepted, I will accept initial assignment or a later transfer to any location in the State of West Virginia as designated by the Director of the West Virginia Office of Miners' Health, Safety and Training, pursuant to § 22A-1-4(b)(3) of The West Virginia Code.

Applicant's Signature

STATE OF WEST VIRGINIA

COUNTY OF _____ TO WIT:

Acknowledged, subscribed and affirmed before me in my said county, this _____ day of

_____, _____.

Notary Public

My Commission Expires _____,

NOTE: If you are placed on the register for employment, you must indicate in writing annually (every year) as to your continued availability for employment. Failing to comply could result in your being removed from the register as per WV Code §22A-9-1(4).